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ABSTRACT

Although studies have examined assaultive behavior by patients toward mental health practitioners, very little research has explored patient violence toward, or harassment of, psychologists in independent practice and at other jobs. To investigate this area, a 17-item questionnaire was sent to independent practitioners in psychology. The questionnaire asked about respondents' education; extent and location of practice; frequency of verbal abuse, physical attack, and other harassment by patients; and concerns regarding patient violence. Results from 300 returned questionnaires revealed that 81 percent of the practitioners had at least one incident of patient physical attack, verbal abuse, or other harassment in private practice or at another job. Verbal abuse was the most frequently reported event. Physical attacks were about twice as common at jobs in hospitals and clinics than in independent practice. Other harassments, such as annoying phone calls or threats to sue, were more common in private work than at other jobs. Over half of the practitioners reported avoiding certain types of patients (those with violent histories, paranoid schizophrenics, drug addicts) to avoid danger. Since these types of incidents do occur with some frequency, it would seem advisable for clinical training programs to discuss such incidents with students and suggest ways to deal with or prevent patient harassment. Results of the questionnaire are presented in tabular appendices. (NRB)

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Patient Violence Toward and Verbal Abuse and Harassment of Therapists

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Abstract

A survey of 300 independent practitioners found that 81% had at least one incident of patient physical attack, verbal abuse, or other harassment in private practice, at another job, or both. Verbal abuse was the most frequently reported event. Physical attacks were about twice as common at jobs in hospitals and clinics than in independent practice. However, other harassments, such as annoyance phone calls and threats to sue, were more common in private work than at other jobs. Since these types of incidents occur with some frequency, it seems advisable to discuss them and how to prevent or deal with them.

Patient Violence Toward and Verbal Abuse and Harassment of Therapists

Several studies have examined assaultive and threatening behavior by patients toward mental health practitioners (Bernstein, 1981; Danto, 1982; Kalogerakis, 1971; Madden, Lion, & Penna, 1976; Whitman, Armao, & Dent, 1976). Generally these studies appear in the psychiatric literature and often combine data from therapists of different disciplines and settings. Assaultive behavior by patients is on the increase. A recent volume of studies chronicles thousands of assaults within psychiatric facilities (Lion & Reid, 1983). However, there are almost no data available regarding patient violence toward or harassment of psychologists in independent practice and at other jobs. This study seeks to clarify this situation by asking independent practitioners about their experiences with these patient behaviors in their practices and at other jobs they hold or have held.

Method

In September, 1984, a 17-item questionnaire was sent to 500 independent practitioners in psychology. In addition to questions about practitioners' education and extent and location of practices, there were questions regarding frequency of verbal abuse, physical attack, and other harassments (i.e., annoyance phone calls, letters, law suits) by patients in both private work and at other jobs. Other questions asked about concern regarding these behaviors, knowledge of the experiences of others regarding patient violence and harassment, and how others' experiences influenced the practitioners' own patient selectivity. Participants were also asked to describe in detail their most memorable patient incident.

The sample of 500 practitioners was chosen from the 1984 membership roster of APA Division 42 (Psychologists in Independent Practice) using a table of random numbers. A total of 324, 65%, of the questionnaires were returned. Three hundred respondents, 226 men, 72 women, 2 sex unspecified, had independent practices. Their data are examined here.

Results and Discussion

Most participants had PhD's, n = 269, 90%, and rented offices, n = 213, 71%, in either urban, n = 159, 53%, or suburban, n = 97, 32%, locations. Table 1 presents additional sample descriptions and therapists' ratings of concerns about patient violence and harassment. In their private practices, therapists saw only a small percentage of patients who had been arrested. Women saw fewer criminals than did men, r_{pbi} (291) = .14, p<.05. Therapists were only somewhat concerned that their private patients would attack or harass them.

Fifty-one percent of the therapists, n = 153, did not accept certain types of patients to avoid placing themselves in potentially dangerous situations. Women avoided certain types of patients more frequently than did men, ϕ (295) = .22, p<.01. Therapists most often avoided patients with violent histories, n = 91, 30%; paranoid schizophrenics, n = 72, 24%; and drug addicts, n = 70, 23%. The majority of practitioners, n = 225, 75%, had heard about other mental health workers who were physically harmed or threatened by their patients, and 36% of these practitioners, n = 81, altered their own behavior in regard to patient selection or treatment because of others' experiences.

Of the 300 therapists, 81%, n = 242, reported at least one incident of patient physical attack, verbal abuse, or other harassment in private practice, at another job, or both. It seems that having some type of

unpleasant patient incident is an occupational hazard for psychologists who provide direct psychological services.

Table 2 lists the numbers and types of attacks and harassments by patients of both sexes toward therapists in independent practice and other jobs. Verbal abuse was the most frequently reported event. Physical attacks were about twice as common at other jobs such as hospitals and clinics than in independent practice. Other harassments happened in over one third of the independent practices. These harassments most frequently involved annoyance phone calls, $n = 71$; threats to harm or kill, $n = 18$; and threats to sue, $n = 17$. About 8% ($n = 25$) of the therapists brought legal action against patients as a result of the patients' behavior toward the therapists.

Women had less verbal abuse from their private patients than did men, Φ (296) = .11, $p<.05$. This may be related to greater selectivity of patients by women in private practice. However, women were just as frequently physically attacked and subjected to other types of harassments both in private work and at other jobs as were men.

Therapists who had a greater number of independent practice hours were more likely to be verbally abused, r_{pbi} (297) = .17, $p<.01$, in their practices than were independent practitioners with fewer hours. Perhaps in order to fill their hours, these therapists were less selective of patients. One indication of this is that therapists with more hours were more likely to see patients who had been arrested for criminal offenses than were therapists with fewer hours, $r(292) = .23$, $p<.01$.

Table 3 presents the relationships among incidents in independent practice and other jobs, concern regarding patient violence and harassment, and hearing of threats by other practitioners' patients. Most of these variables are significantly related. For example, therapists who were

physically attacked or verbally abused in private work were more likely than those who were not to be physically attacked or verbally abused at other jobs. Therapists who had these types of patient incidents were more concerned about their future occurrence than those who had not. It is impossible to tell which came first, the concern about the incident or the incident itself, or whether one caused the other or both were caused by another variable.

Table 3 indicates that therapists who had incidents occur were also more likely than those who did not to have heard about others in the profession who have been threatened or attacked. It may be that harassed therapists communicate the incidents to others who then communicate their own experiences or the experiences of others in supportive fashion.

About 53%, n = 158, of the therapists responded to questions concerning their most memorable physical attack, abuse, or harassment. Their responses are summarized in Table 4. Most incidents occurred in private work with men patients and involved verbal abuse. The average therapist reported a moderate amount of fear associated with the incident, M = 2.61, SD = 1.24, on a 5-point scale where higher numbers indicated more fear. Women therapists were more fearful than were men, Φ (150) = .17, $p<.05$. As compared to incidents at other jobs, incidents in private work were less frightening, r_{pbi} (156) = .22, $p<.01$, possibly because they were less likely to involve physical attacks, Φ (156) = .36, $p<.01$, or weapons, Φ (156) = .28, $p<.01$.

The outcomes of memorable incidents are presented in Table 5. About a third of the therapists continued to see the patients involved, and about 40% altered their behavior regarding patient treatment or selection as a result of the incidents. The more frightened the therapist was by the incident, the more likely he/she was to alter future patient selection or treatment, r_{pbi} (150) = .31, $p<.01$.

Table 6 presents the numbers and percentages of therapists who told others about the incidents. Colleagues were most frequently chosen as confidants. Of the 55 therapists who told no one in a position of authority, 40, 73%, indicated they felt they could handle the situation by themselves.

These results from a random sample of Division 42 members who had independent practices indicate that incidents of patient violence, verbal abuse, and other harassments are not rare occurrences. While incidents occurring in hospitals and clinics are often more frightening because they sometimes involve physical violence, incidents involving verbal abuse and harassment of therapists by private patients are not perceived as minor events. Since these types of incidents occur, it seems advisable to discuss them and how to prevent or deal with them. Such discussions should take place during clinical training. Studies indicate that therapists are often unaware that such patient incidents may occur (Danto, 1982) and do not have planned strategies to deal with these events (Bernstein, 1981).

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Table 1

Descriptive Statistics of Participant Characteristics, Their Private Patients with Criminal Records, and Their Concerns about Patient Violence and Harassment

Variable	N	Mean	SD	Range
Year of Graduation	289	1969	9.08	1926-1981
Years in Independent Practice	300	11.74	8.59	1-50
Practice Hours/Week	298	28.82	15.44	1-60
Patients with Criminal Records	295	5.05%	9.82%	0-90%
Concern about Patient Physical Violence[a]	299	1.53	.68	1-4
Concern about Patient Verbal Abuse[a]	299	1.60	.69	1-4
Concern about Other Harassments[a & b]	299	1.95	.80	1-5

[a] Ratings were on a 5-point scale, where "1" represented lack of concern and "5" was extreme concern.

[b] Other harassments include annoyance phone calls, letters, and law suits.

Table 2

Incidents of Patient Violence and Harassment

Variable	Number of Therapists	By Mean No. of Men Patients	SD	Range of Men Patients	By Mean No. of Women Patients	SD	Range of Women Patients
In Independent Practice							
Physical Attack	35 (12%)[a]	1.62[b]	.86	1-4	1.38[b]	.62	1-3*
Verbal Abuse	199 (66%)[a]	4.93[c]	8.86	1-75	3.44[d]	6.74	1-75
Other Harassments	103 (34%)[a]	1.89[e]	1.80	1-10	1.55[f]	.87	1-5
At Other Job(s)							
Physical Attack	60 (24%)[g]	2.31[h]	2.61	1-15	1.93[h]	1.91	1-10
Verbal Abuse	150 (60%)[g]	5.57[i]	6.92	1-40	5.43[j]	8.14	1-50
Other Harassments	46 (18%)[g]	2.74[k]	3.92	1-20	1.85[l]	1.83	1-10

*Data from one man who indicated physical attack by 50 women were excluded.

[a] Percentages of the 300 responding therapists are listed in parentheses.

(Table 2 continued on next page)

Table 2 continued

[b] Two therapists did not specify number.

[c] Twenty-three therapists did not specify number.

[d] Twenty-two therapists did not specify number.

[e] Fifteen therapists did not specify number.

[f] Fourteen therapists did not specify number.

[g] Percentages of the 250 responding therapists who hold/held other job(s).

[h] Three therapists did not specify number.

[i] Twenty-eight therapists did not specify number.

[j] Thirty therapists did not specify number.

[k] Eight therapists did not specify number.

[l] Nine therapists did not specify number.

Table 3

Relationship Among Fears of Attack and Harassment, Their Occurrences in Practice and at Other Jobs, and Hearing of Threats by Patients of Other Practitioners

	Fear Physical Harass	Fear Verbal Harass	Fear Other Harass	Practice[a] Attack	Practice Verbal Abuse	Practice Other Types Harass	Job[b] Attack	Job Verbal Abuse	Job Other Harass
	Product-Moment and Point-biserial Correlations and Phi Coefficients								
Fear Verbal Harass	.41** (299)[c]								
Fear Other Harass	.52** (299)	.45** (299)							
Practice Attack	.18** (299)	.12* (299)	.06 (299)						
Practice Verbal Abuse	.08 (299)	.23** (299)	.21** (299)	.26** (300)					
Practice Other Type Harass	.16** (299)	.07 (299)	.34** (299)	.15** (300)	.20** (300)				
Job Attack	.17** (249)	.01 (249)	.05 (249)	.19** (250)	.08 (250)	.02 (250)			
Job Verbal Abuse	.15* (249)	.23** (249)	.12 (249)	.16* (250)	.34** (250)	.05 (250)	.42** (250)		
Job Other Harass	.10 (249)	.07 (249)	.04 (249)	.02 (250)	.03 (250)	.10 (250)	.24** (250)	.26** (250)	
Heard About Others	.14* (299)	.11 (299)	.10 (299)	.16** (300)	.21** (300)	.11 (300)	.17* (250)	.31** (250)	.08 (250)

(Table 3 continued on next page)

Table 3 continued

[a] Practice indicates incidents occurring in independent practice.

[b] Job indicates incidents occurring in a job other than independent practice.

[c] Numbers in parentheses are sample sizes.

*$p<.05$. **$p<.01$.

Table 4

Number and Percentages of Therapists' Experiences with Memorable Incidents of Patient Violence and Harassment

Description	n	%[a]
Incident occurred in private work	90	57
Incident occurred at other job	68	43
Patient was a man	99	63
Patient was a woman	53	34
Patients were a couple	3	2
Therapist was physically attacked	55	35
Therapist was verbally threatened with physical harm	64	41
Therapist was verbally abused	85	54
Therapist was harassed in other ways	47	30
A weapon was used	33	21

[a] Percentage of the 158 therapists who reported memorable events.

Table 5

Outcomes of Memorable Incidents

Outcome	n	%[a]
Therapist terminated with patient	15	9
Patient transferred to other therapist	12	8
Patient left therapy	27	17
Patient was arrested	17	11
Therapist continued to see patient	49	31
Other	45	28
Therapist altered behavior re: patient selection and treatment	62	39
Therapist purchased a weapon	3	2

[a] Percentage of the 158 therapists who reported memorable incidents.

Table 6

Whom Therapists Told About Memorable Events

Incident Told To	n	%[a]
Supervisor	61	39
Colleague	117	74
Security Worker	19	12
Patient's Relatives	36	23
Police	26	16
Boss	10	6
Other	44	29

[a] Percentage of the 158 therapists who reported memorable incidents.